

EXHIBIT

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Oklahoma Employment Security Commission**FACT FINDING > 409 QUESTIONS - rc1540**
Notice of Pre-Determination Factfinding

ADDRESS: PATRICIA PFAU
16 SW 170TH STREET
OKLAHOMA CITY OK 73170

PHONE: 405-735-7922
FAX:

SYSTEM DATE: 10/23/14

SYSTEM TIME: 14:11:19

SSN: 503645210

CLAIM ID: 242683794

DATE: 10232014 TIME: 095636

NAME: PATRICIA M PFAU

ISSUE: 2404 10 Day Call:

EMPLOYER: SODEXO OPERATIONS LLC
ELECTRONIC 617
UI SIDES - TALX

PHONE: 3149972100

The information received previously from you will be considered in issuing a determination. However, additional detailed information is needed regarding the enclosed statement and/or above-mentioned Unemployment Insurance Claim. This information must be received by 5:00pm on or before the date listed below:

RESPOND BY DATE:

Failure to respond may affect the outcome of the claim. In your response, please address all the questions on this form. You should include any documentary evidence pertaining to the issue. You may mail, telephone or FAX your response to this office #405-962-7524.

FAILURE TO ADDRESS ALL QUESTIONS MAY AFFECT THE DECISION.**QUESTIONS:**

Q) YOU INDICATED YOU TENDERED YOUR RESIGNATION DUE TO A CONFRONTATION WITH YOUR BOSS MARK COULTER. IS THAT CORRECT?

A) YES

Q) DID YOU ASK HIM TO NOT ACT IN THAT MANNER WITH YOU? IF NO, WHY NOT?
A) OH, NO, I JUST WANTED TO LEAVE BEFORE HE BECAME VIOLENT. I DIDN'T
FEEL LIKE I HAD THE OPPORTUNITY. HE SAID 'I (HE) HAVE TO LEAVE' AND HE
IMMEDIATELY LEFT THE OFFICE.

Q) DID YOU REPORT THIS TO HIS BOSS? WHAT RESULTS? IF NO, WHY NOT?
A) YES. HE ASKED ME TO STAY AND TRY TO WORK IT OUT WITH HIM AND I
DECLINED.

Q) HAD THIS HAPPENED BEFORE WITH YOU? IF YES, WHEN? WHAT HAPPENED?
A) NO

Q) HAD YOU REPORTED ANY ACTIONS CONCERNING THE WORK ENVIRONMENT TO
ANY ONE IN HR OR HIS SUPERIORS? IF NO, WHY NOT? IF YES, WHAT RESULTS?
A) NO, NOT AS IT RELATED TO HIM.

Q) WHEN YOU REPORTED THIS TO HIS BOSS, DID YOU THEN ATTEMPT TO
SPEAK TO HR ABOUT THIS?
A) I SENT AN EMAIL TO HR AND HIS BOSS SIMULTANEOUSLY. I LEFT THE SAME
DAY.

SIGNATURE: DATE:

DISPLAY CONTACTS: DISPLAY COMMENTS:

CONTACT INFORMATION		
PHONE NUMBER: 405-735-7922		
PARTY CONTACTED: <input type="radio"/> Employer <input checked="" type="radio"/> Claimant <input type="radio"/> Other		
NAME: PATRICIA PFAU		
TITLE: CLAIMANT		
RESULTS:	DATE & TIME:	
Left Message	10/23/14	0955
Info Received	10/23/14	1414
IF MESSAGE LEFT:		
ADVISED TO PROVIDE INFORMATION BY: LM DUE 10/27/14		
ADVISED PARTY THAT FAILURE TO RESPOND COULD AFFECT THE OUTCOME OF THE CLAIM: <input checked="" type="checkbox"/>		
INTERVIEWER NAME: FELIX 918-610-2313		

Please mail, telephone or FAX your reply to the Local Office listed below: You may fax this document free of charge at your local Workforce Center.

UNEMPLOYMENT INSURANCE SERVICE CTR	(CLAIM ID: 242683794)
P O BOX 52006	
OKLAHOMA CITY OK 73152-2006	
FAX # 405-962-7524	

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